	788
ARIZONA STATE BOARD OF HEALTH  State File No. / 0 0	
BUREAU OF VI	PAL STATISTICS  Registered No. 42
1. PLACE OF BIRTH STANDARD CERTI	FIGATE OF BIRTH
State aryona	
(M.CAMA) or Village	
District or Fownship Ward	
City	
[If child is not yet named, make supplemental report, as directed.	
2. Full name of child	
3. Sex of Child To be answered ONLY in event of plural births.  3. No., in order of birth	of birth Day Year
PATTIED	14. MOTHER
ا م ا	Full maiden name
Full name Linguis angulo	Full maiden name astemisa Wille
	15. Residence (Usual place of abode) Juma, asyguna
9. Residence (Usual place of abode) Juma, arugna	
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
Mexican 111. Age at last birthday 36 (Years)	Mean 17. Age at last birthday 25 (Years)
12. Birthplace (city or place) Juma, Cry.	18. Birthplace (city or place) Jumes
(State or country)	(State or country)
	19. Occupation Dresette
13. Occupation Jornal	Nature of industry
Nature of industry	Kature of mousely
21. Were precautions taken against oph-	
20. Number of children of this mother (a) Born alive	but now dead
(Taken as of time of birth of child herein certified and including this child.)  (b) Born silve (c) Stillborn	out ion a ges
CONTRIBUTE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was Born alive or stillborn.)	
* When there was no attending physician or midwife, then the father, householder,	and the state of t
etc., should make this fetutil. A still of	miaura ()
shows other evidence of life after birth.	Ollin of all per la the state of the state o
Given name added from Address	Muna dreating
a supplemental report Month, day, year Hok 98 20 MANY & Husherna.	
Filed (19.00) 19.00 Registrar	
Registrar	// 00 1744

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